

1. CIR./DIST./DIV. CODE TNW	2. PERSON REPRESENTED White, Ronda	VOUCHER NUMBER																																																														
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:05-020246-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER COURT NUMBER <i>FILED BY AB D.C.</i>																																																												
7. IN CASE/MATTER OF (Case Name) U.S. v. White		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE Criminal Case <i>SONY 2 AM 10:01</i>																																																												
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 3146C. F -- PENALTY FOR FAILURE TO APPEAR																																																																
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Scholl, Michael E 8 South Third St 4th Floor Memphis TN 38103		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel																																																														
Telephone Number:		Prior Attorney's Name: _____ Appointment Date: _____																																																														
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																
15. CATEGORIES (Attach itemization of services with dates) <table border="1"> <thead> <tr> <th></th> <th>HOURS CLAIMED</th> <th>TOTAL AMOUNT CLAIMED</th> <th>MATH/TECH ADJUSTED HOURS</th> <th>MATH/TECH ADJUSTED AMOUNT</th> <th>ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr><td>a. Arraignment and/or Plea</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>b. Bail and Detention Hearings</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>c. Motion Hearings</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>d. Trial</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>e. Sentencing Hearings</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>f. Revocation Hearings</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>g. Appeals Court</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>h. Other (Specify on additional sheets)</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>(Rate per hour = \$)</td> <td>TOTALS:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	a. Arraignment and/or Plea						b. Bail and Detention Hearings						c. Motion Hearings						d. Trial						e. Sentencing Hearings						f. Revocation Hearings						g. Appeals Court						h. Other (Specify on additional sheets)						(Rate per hour = \$)	TOTALS:				
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In Court	a. Interviews and Conferences																																																															
	b. Obtaining and reviewing records																																																															
Out of Court	c. Legal research and brief writing																																																															
	d. Travel time																																																															
	e. Investigative and Other work (Specify on additional sheets)																																																															
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17.	Travel Expenses (lodging, parking, meals, mileage, etc.)																																																															
18.	Other Expenses (other than expert, transcripts, etc.)																																																															
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION																																																												
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.																																																																
Signature of Attorney: _____ Date: _____																																																																
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT																																																												
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE																																																												
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED																																																												
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE																																																												

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Notice of Distribution

This notice confirms a copy of the document docketed as number 17 in case 2:05-CR-20246 was distributed by fax, mail, or direct printing on November 4, 2005 to the parties listed.

Michael Edwin Scholl
THE SCHOLL LAW FIRM
8 S. Third St.
Fourth Floor
Memphis, TN 38103--238

Camille Reese McMullen
U.S. ATTORNEY'S OFFICE
167 N. Main St.
Ste. 800
Memphis, TN 38103

Honorable Samuel Mays
US DISTRICT COURT